Director



Jeremiah W. (Jay) Nixon Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency:	Missouri State Highway Patrol					
Serial Number:	MP2467					
Manufacturer:	Guth					
Model Number:	12V500					
	CALIBRATION RESULTS					
		eference aperature 34.03	Simulator Temperature 34.02			
This calibration was NIST-Traceable The		306168				
This simulator was tested by:		JLC				
This testing was performed:		12/23/15				
This certification expires:		12/23/16				
Signature of certifying DHSS Scientist:		Th.	SE			
Name of certifying DHSS Scientist:		Ellen R. S	Strawsine			

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Missouri Department of Health and Senior Services Breath Alcohol Program

BREATH ALCOHOL SIMULATOR TEST WORKSHEET

1 est Simulator Inform	<u>12tion</u>		•		a d America . 🕜			
Agency	Missouri State Highway Patrol				75561			
Email for COC	Jimmy.clevela							
Serial Number:	MP24	~						
Manufacturer:	Guth				ا الما الاران الماران			
Model Number:	12V500	ULA	ALIVINA VERNA SELISIO					
Manufacturer: Model Number: 12V500 NIST-Traceable Reference Thermometer Information Serial Number: Date of Certification: 08/13/2015 Date of Expiration: Readings Reference Readings Reference Readings Test Simulator Measurements Reference Readings Reference								
Serial Number:	3061	ΘΩ	ATON ATON ATON ATON					
Date of Certification:	08/13/2015				TE:			
Date of Expiration:	08/13/2016				Likethi			
Test Simulator Measurements								
		Reference		OF L	37.6			
	Readings	Thermometer	Test Simulator	λ. (
	1	34.ø3	34.02	lo CO	To the state of th			
	2	34.83	34.62					
	3	34,03	34.92					
	4	34.03	34.02					
	5	34.83	34,02					
Bias (δ _T):		01						
Technician performing testing:Jimmy L. Cleveland								
I hereby certify that all data submitted within this form was collected in accordance with the DHSS Procedure for the Testing of Breath Alcohol Simulators and 19 CSR 25-30.051, Breath Analyzer Calibration and Accuracy Verification Standards.								
Signature:	SU		Date: 12-23-15	Total control				
Submit compreted forms for simulator certification to DHSS Breath Alcohol Program by fax at (373) 840-9139 or by email at brian humer@health.ma.gov or breathalcohol@health.ma.gov.								

www.health.mo.gov